

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 08:00 AM**  
**Secretary of State**

|  |   |   |  |   |   |
|--|---|---|--|---|---|
| <b>DOCUMENT # M98000001546</b><br>1. Entity Name<br>TRYON AVENUE MORTGAGE, LLC   |   |   |  |   |   |
| Principal Place of Business<br>1700 W 93RD TERR<br>PLANTATION, FL 33322  |   |   | Mailing Address<br>1700 W 93RD TERR<br>PLANTATION, FL 33322  |   |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |   |   | 3. Mailing Address<br>Suite, Apt. #, etc.                    |   |   |
| City & State   |   |   | City & State   |   |   |
| Zip  |   | Country   |  | 4. FEI Number<br>65-0890476   |   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |   |   |  | Applied For<br>Not Applicable   |   |
| 6. Name and Address of Current Registered Agent<br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324   |   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |   |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  |   |   |  | \$5.00 Additional Fee Required  |   |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>  |   |   |  | DATE _____<br><small>(NOTE: Registered Agent signature required when reinstating)</small>                         |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>  |   |   | <b>Make check payable to<br/>Florida Department of State</b> |   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |   |  | <b>10. ADDITIONS/CHANGES</b>  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>SHERRY, MICHAEL<br>1773 WILSHIRE VILLAGE DRIVE<br>WELLINGTON, FL 33414 | <input type="checkbox"/> Delete                                   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required. |   |   |  |   |   |
| <b>SIGNATURE:</b>  |   |   |  | Michael Sherry 4/26/05 793-1793   |   |